

CERTIFICATION BY EMPLOYEE'S HEALTH CARE PROVIDER FOR EMPLOYEE'S SERIOUS ILLNESS – FMLA

This form is to be completed by employee's Health Care Provider when employee is requesting FMLA and medical documentation is required pursuant to 512.41, 513.36 and 515.5 of the ELM. Form PS 3971 must be completed by employee.

Employee's name HARRY HARDACKER

Description of serious health condition (On the back of this form is the description of a "serious health condition" under FMLA. Does the patient's condition qualify under any of the categories described? If so, please check the applicable category. In all instances the information on the form must relate only to the serious health condition for which the current need for leave exists.

(1) (2) (3) (4) (5) (6) None of the above

Describe the medical facts and/or treatment that meet the criteria of the serious health condition checked above (Medical diagnosis/prognosis is not required): INPATIENT SURGICAL PROCEDURE ON 4/9/09. 1-2

DAYS IN HOSPITAL WITH ADDITION 2-3 WEEKS RECOVERY AND FOLLOW UP VISIT.

Date condition commenced: APRIL 5, 2009

Probable duration of condition: 2-6 WEEKS

Probable duration of present incapacity (if different): _____

Will the employee require leave on an intermittent or reduced schedule basis for planned medical treatment (e.g. follow-up treatment) of the employee's serious health condition, including pregnancy? Yes No

If so, please provide an estimate of the dates and duration of such treatment and any period(s) of recovery:

Dates: MAY 15, 2009

Duration: 8 hour(s) or 1 day(s) per episode.

Period of Recovery: 1 DAY

Will the employee require leave on an intermittent or reduced schedule basis for the employee's serious health condition, including pregnancy, that may result in unforeseeable episodes of incapacity (e.g. flare ups)? Yes No

If so, please provide an estimate of the frequency and duration of such episodes of incapacity (e.g. 3 times per 1 month lasting 1-2 days):

Frequency: 1 times per 4 week(s) 2 month(s):

Duration: 8 hour(s) or 1 day(s) per episode.

Is the employee able to perform the essential functions of employee's position? NO If no, describe the physical restrictions placed on the employee, including the duration of such restrictions.

MR. HARDACKER SHOULD AVOID LIFTING MORE THAN 15 POUNDS FOR THE FIRST TWO WEEKS FOLLOWING HIS RETURN TO DUTY. NO RESTRICTIONS AFTER THAT.

Health Care Provider's Name (Please print): JAMES JONES, MD

Health Care Provider's Signature: S/ JAMES JONES, MD

Date: 4/5/09

Address: 27 SOMERVILLE AVE, CHICAGO, IL 60606

Phone number: 555-555-555

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Specialty/Type of Practice: SURGEON